## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

0 9 9 9 1 4 9 2 8

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	מאו.	DEP.	IND.	DEP.	IND.	DEP.
1						
∘∉2				l	<u> </u>	
3				<u> </u>	<del>                                     </del>	
4		1	<del> </del>	<del></del>	<del> </del>	
5		7			<del>                                     </del>	
6					<del> </del>	
7					<del>                                     </del>	
8					<del></del>	
9				<del> </del>		
10						
11						
12						·
13		l	<del>                                     </del>			
14						
15			<del> </del>	<del> </del>		
16	<del></del>		<del> </del>			
17			<del> </del>	<del> </del> -		
18				-	<del> </del> -	
19				<del> </del>		
20			<del> </del>	<del> </del>		
21			<del></del>	<del> </del> -		
22		-		<del> </del> -		
23						
24				<del></del>		
25			·			
26			<del>                                     </del>			
27						
28			<u> </u>			
29					-	
30					<u> </u>	
31				-		
32						
33						
34						·
35			<del></del> -		•	
36						
37						
38		<del> </del>				
39		<del></del>	<del> </del>			
40			-			
41			<b></b>		<u> </u>	
42				<u> </u>		
43						
44						
45						
45						
46						
48						
49						
50 : TOTAL						,
_ ואס,	4	1		1		
TOTAL DEP.	7	<b>-</b> 1		<b>1</b>		<b>–</b> 1

	*		*		*		
	IND.	DEP,	IND.	DEP.	IND.	DEP.	
51							
. 52							
53							
54							
55							
56							
57					-,		
58						· -	
59							
60							
61							
62			•				
63				-			
64							
65							
66							
67							
68							
69		:_					
70	<u> </u>						
71	<b> </b>						
72							
73							
74							
75	<b> </b>						
76							
77							
78	<del>                                     </del>						
79							
80	<del>  </del>					·	
82		-					
83							
85							
86			<u> </u>				
87	<del>   </del>						
88			<b> </b>				
89	<del> </del>			<u> </u>			
90	<del> </del>						
91			<b> </b>				
93	<del> </del>		<u> </u>				
93							
			ļ				
95							
96	├						
97	<del>   </del>						
98	<del> </del> -	<u> </u>					
99	<del>                                     </del>						
TOTAL	<del> </del>			<u> </u>			
IND.	ļ	1				1	
TOTAL DEP.	L			<b>**</b>		<b>—</b>	
TOTAL CLAIMS				70 E			
		- The second	Ь	-C-2004		<b>医型类型</b>	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS